

State Elected Official Financial Disclosure Form

Name of Official: CLARENCE L STYVAN

Office Held: legislature

Senate District (if applicable): _____

House District (if applicable): 12

Business Address: _____

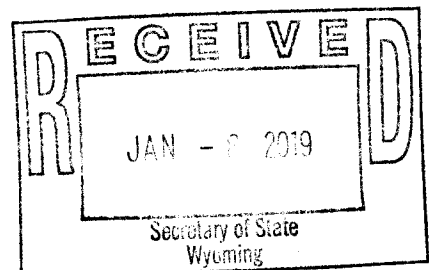
Business City, State and Zip: _____

Business Phone: () _____

Home Address: 580 Willson CT

Home City, State and Zip: Cheyenne Wyo 82007

Home Phone: (307) 635-6193



I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

N/A

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

N/A

- c) Salaried Employment

Job Title

Name and Address of Enterprise

Rail Road / Supervisor

UPRR
1800 West 1st RD
Cheyenne WY 82001

II. Sources of Income

(Please use additional sheets as necessary.)

- a) Employment
Name of Employer

Address of Employer

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

- c) Investments

Income Earned

A. Any security or interest earnings

☐

Yes

☒

No

B. Real estate, leases, royalties

☐

Yes

☒

No

- d) Other (describe generally):

PIA

On this 5 day of JAN, 2019, I affirm that the preceding information is accurate.


Signature